



Complete Summary

TITLE

Mental health: percentage of enrollees diagnosed with non-organic, non-substance abuse mental health disorder receiving day/outpatient mental health treatment by primary care providers (PCPs)/unspecified providers (MEDDIC-MS).

SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS. Medicaid encounter data driven improvement core measure set. Madison (WI): State of Wisconsin; 2003 Jan 1. 47 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of enrollees diagnosed with non-organic, non-substance abuse mental health disorder receiving day/outpatient mental health treatment by primary care providers (PCPs)/unspecified providers.

See the related NQMC measure summary, [Mental health: percentage of enrollees diagnosed with non-organic, non-substance abuse mental health disorder receiving day/outpatient mental health treatment by mental health specialists \(MEDDIC-MS\)](#), that tracks day/outpatient mental health treatment.

RATIONALE

Analysis of Office of Health Care Information (OHCI) (now known as Bureau of Health Information [BHI]) data indicated that access to mental health and substance abuse evaluations and treatment services are of high importance to overall health status for the working age men and women expected to comprise a larger proportion of the new enrolled population under the BadgerCare program than in Medicaid in general.

PRIMARY CLINICAL COMPONENT

Non-organic, non-substance abuse mental health disorder; day/outpatient mental health treatment; primary care providers/unspecified providers

DENOMINATOR DESCRIPTION

Medicaid/BadgerCare enrollees in each age cohort (birth to age 18 years and age 19 years and older) continuously enrolled with the same health maintenance

organization (HMO) for at least ten months (304 days) immediately prior to the measure end date with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.

NUMERATOR DESCRIPTION

The number of unduplicated enrollees in the denominator age cohorts diagnosed with non-organic, non-substance abuse mental health disorder receiving day/outpatient mental health treatment by primary care providers (PCPs)/unspecified providers, based on current and previous (if applicable) health maintenance organization (HMO) claims/encounter data and fee for service (FFS) Medicaid Evaluation & Decision Support (MEDS) data (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Access

EVIDENCE SUPPORTING THE MEASURE

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 1, 2002 HMO aggregate performance data. Wisconsin Medicaid and BadgerCare programs. Milwaukee (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 31 p.

Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 2, 2002 HMO performance data. Medicaid program data and BadgerCare program data compared. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 25 p.

Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 3, 2002 HMO-specific performance data. Wisconsin Medicaid and BadgerCare programs. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 36 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Decision-making by consumers about health plan/provider choice
External oversight/Medicaid
External oversight/State government program
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

All ages are included in the measure.

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

Data Collection for the Measure

CASE FINDING

Both users and nonusers of care

DESCRIPTION OF CASE FINDING

Medicaid/BadgerCare enrollees in each age cohort (birth to age 18 years and age 19 years and older) continuously enrolled with the same health maintenance organization (HMO) for at least ten months (304 days) immediately prior to the measure end date* with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.**

*Measure end date: The last date by which measured services can be rendered to be included in the measure numerator.

**Measure look-back period: 12 months (365 days) from the measure end date. The measure look-back period may vary as specified by the Chief Medical Officer according to program needs.

Measure data extraction date: The date(s) determined by the department for extraction of data from the data warehouse for the purposes of reporting the measure. This will be at least 182 days after the measure end date. Typically, measure end date is December 31 if a calendar year is to be measured, but it may be any date specified by the Chief Medical Officer according to program needs.

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Medicaid/BadgerCare enrollees in each age cohort (birth to age 18 years and age 19 years and older) continuously enrolled with the same health maintenance organization (HMO) for at least ten months (304 days) immediately prior to the measure end date with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.

Exclusions

Unspecified

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of unduplicated enrollees in the denominator age cohorts diagnosed with non-organic, non-substance abuse mental health disorder* receiving day/outpatient mental health treatment** by primary care providers (PCPs)/unspecified providers, based on current and previous (if applicable) health maintenance organization (HMO) claims/encounter data and fee for service (FFS) Medicaid Evaluation & Decision Support (MEDS) data

*Refer to the original measure documentation for specified International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) mental health diagnosis codes.

**Refer to the original measure documentation for Current Procedure Terminology (CPT-4/2001) and Uniform Billing (UB-92) revenue codes.

Exclusions

- Exclude certain specified services from the numerator if provided during an acute care inpatient stay or residential care facility.
- Certain specified services are counted in the numerator if provided during partial hospitalization only.

Refer to the original measure documentation for details.

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Two age cohorts are reported:

- Birth to age 18 years
- Age greater than or equal to 19 years

STANDARD OF COMPARISON

External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

This measure was tested and validated by an independent third party and subject to internal review in 2002.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Innovative Resources Group (IRG). Measure testing/validation reports for MEDDIC-MS. Brookfield (WI): Innovative Resources Group (IRG); 2002.

Identifying Information

ORIGINAL TITLE

Mental health and/or substance abuse: MH day/outpatient treatment.

MEASURE COLLECTION

[MEDDIC-MS \(Medicaid Encounter Data Driven Improvement Core Measure Set\). Rapid-cycle performance improvement measures system for Medicaid managed care.](#)

MEASURE SET NAME

[MEDDIC-MS \(Medicaid Encounter Data Driven Improvement Core Measure Set\). Measures applicable to AFDC/HS \(Medicaid\) and SCHIP \(BadgerCare\).](#)

MEASURE SUBSET NAME

[Monitoring Measures](#)

DEVELOPER

State of Wisconsin, Department of Health and Family Services

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS. Medicaid encounter data

driven improvement core measure set. Madison (WI): State of Wisconsin; 2003 Jan 1. 47 p.

MEASURE AVAILABILITY

The individual measure, "Mental Health and/or Substance Abuse: MH Day/Outpatient Treatment," is published in "Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS)."

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COMPANION DOCUMENTS

The following are available:

- Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 1, 2002 HMO aggregate performance data. Wisconsin Medicaid and BadgerCare programs. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 31 p. This document is available in Portable Document Format (PDF) from the [Wisconsin Medicaid Managed Care Web site](#).
- Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 2, 2002 HMO performance data. Medicaid program data and BadgerCare program data compared. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 25 p. This document is available in PDF from the [Wisconsin Medicaid Managed Care Web site](#).
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NQMC STATUS

This NQMC summary was completed by ECRI on June 14, 2004. The information was verified by the measure developer on June 17, 2004.

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